L23000 164981

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Suffix

Office Use Only

600413924936

02/17/23--01004--007 **25.00

23 FEB 16 PM 3:13

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Veteran Sealcoating LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert Slusarz
Name of Person

Veteran Sealcoating LLC
Firm/Company

12397 Wellen Golf St.
Address

Venice FL 34293
City/State and Zip Code

VeteranhomeServices1@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Slusarz at (401) 339-2814
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ $25.00 Filing Fee ☐ $30.00 Filing Fee & Certificate of Status ☐ $55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ $60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

We Sent this in already + Check was cashed but it was Sent to Back to us to fix a problem.

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Veteran Sealcoating LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

7/15/20 16

The Articles of Organization for this Limited Liability Company were filed on 7/15/20 and assigned Florida document number L20000164981

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

12397 Wellen Golf St.
Venice, FL 34293

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

12397 Wellen Golf St.
Venice, FL 34293

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____
Enter Florida street address

_____, **Florida** _____
City *Zip Code*

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

_____
If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	Robert B Slusarz	12397 Wellen Golf ST.	☐Add
		Venice, FL 34293	☐Remove
			☑Change
AMBR	Jane A. Slusarz	12397 Wellen Golf ST.	☐Add
		Venice, FL 34293	☐Remove
			☑Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 9/21/23

Signature of a member or authorized representative of a member

Robert B. Slusarz

Typed or printed name of signee

Filing Fee: $25.00

FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 11, 2023

ROBERT SLUSARZ
12397 WELLEN GOLF ST.
VENICE, FL 34293

SUBJECT: VETERAN SEALCOATING, LLC
Ref. Number: L20000164981

We have received your document for VETERAN SEALCOATING, LLC and your check(s) totaling $25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document number of the name conflict is L21000370081.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler
Regulatory Specialist II

Letter Number: 023A00020826

FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 11, 2023

ROBERT SLUSARZ
12397 WELLEN GOLF ST.
VENICE, FL 34293

SEP 25 2023

SUBJECT: VETERAN SEALCOATING, LLC
Ref. Number: L20000164981

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Anissa Butler
Regulatory Specialist II

Letter Number: 023A00020826

SEP 25 2023

Registered agent + Auth Pers Send in (already)

Principal + Mailing address on line to change ✓